

MINNESOTA BOARD OF PHARMACY



An Equal Opportunity Employer

2829 University Ave. SE., #530 • Minneapolis, MN 55414-3251 • Telephone: (651) 201-2825 • FAX: (612) 617-2262

MN RELAY SERVICE FOR HEARING/SPEECH IMPAIRED ONLY:

Metro and Non-Metro; 800-

627-3529 E-Mail Address:

Pharmacy.Board@state.mn.us Web Site:

www.pharmacy.mn.gov

INTERN HOURS TRANSFER REQUEST

Requestor: Complete items 1-4 only to transfer intern hours from MN to another state, forward this request to the MN Board of Pharmacy at the above address, along with your completed manual. Please enclose a check in the amount of **\$20.00** payable to the MN Board of Pharmacy.

1. Name Registered Intern		MN Intern #
2. Address (number, street)		
3. City	State	ZIP Code
4. Name and Address of the state where this form should be sent:		

DO NOT WRITE BELOW THIS LINE – TO BE COMPLETED BY STATE AGENCY

Intern Name:	MN Registration Number:	Date Issued:	Number of Hours on File:
Registration Status:	Application received/registration pending:	Comments:	
Official Signature & Title			Date: